

# Carriers combined load claim form



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

The issue of this form is not an admission of liability by the insurer.

Policy number

Claim number

This claim form is to be used for all claims made against you by cargo owners for lost or damaged cargo.

On completion please forward this claim form to your broker or our office in your State.

## The insured

Surname/Business name

Given name(s)

Insured's name

Are you registered for GST?

No  Yes

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

No  Yes

– Will you be claiming an amount less than 100%?

No  Yes

– Specify amount claimed

 %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

No  Yes

– Will you be claiming an amount less than 100%?

No  Yes

– Specify amount claimed

 %

Address

		State		Postcode	
Business	( )	Private	( )		
Facsimile	( )	Mobile			
Email					

Contact number(s)

Business

( )

State

Postcode

Private

( )

Mobile

Email

## Contact details

With whom did you contract for the transit of the goods?

The owner

Another carriers

Name and address of whom you contracted to carry the goods

  
  

If you were carrying as a subcontractor:

Had you signed a written contract with the principal carrier?

No  Yes

If 'Yes', please provide a copy.

Did the principal carrier issue a consignment note?

No  Yes

If 'Yes', please provide a copy.

Did the principal carrier charge you for insurance?

No  Yes

If 'Yes', please attach details.

## Details of the loss

When did the transit commence?

Date D D / M M / Y Y

What date were the goods delivered? (if applicable)

Date D D / M M / Y Y

When was the loss discovered?

Date D D / M M / Y Y

Description of goods being transported.

  

The goods where in transit:

From

to



## Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured

Date

Office use only

Coverage


Excess

Sum insured

Goods insured

Transit

Assessor


QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.